

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV

Downloaded from https://aidsinfo.nih.gov/guidelines on 8/31/2020

Visit the AIDSinfo website to access the most up-to-date guideline.

Register for e-mail notification of guideline updates at https://aidsinfo.nih.gov/e-news.

Appendix B, Table 4. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors (Last updated December 18, 2019; last reviewed December 18, 2019) (page 1 of 2)

The older NNRTI DLV is no longer commonly used in clinical practice and is **not** listed this table. Please refer to the FDA product label for DLV for information regarding this drug.

Generic Name (Abbreviations) Trade Name	Formulations	Dosing Recommendations ^a	Elimination/Metabolic Pathway	Serum Half- Life	Adverse Events ^b
Doravirine	Pifeltro:	Pifeltro:	CYP3A4/5 substrate	15 hours	Nausea
(DOR)	• 100 mg tablet	One tablet once daily			Dizziness
Pifeltro	Also available as part of the STR Delstrigo (DOR/ TDF/3TC)°	See Appendix B, Table 1 for dosing information for Delstrigo.			Abnormal dreams
Efavirenz	Sustiva:	Sustiva:	Metabolized by CYP2B6	40–55 hours	Rashd
(EFV)	• 50 and 200 mg	EFV 600 mg once daily,	(primary), 3A4, and 2A6		Neuropsychiatric symptoms ^e
Sustiva	capsules	at or before bedtime	CYP3A4 mixed inducer/		
Note: Generic product is available.	600 mg tablet	to reduce side effects. See Appendix B. Table 1 CYP2B6	inhibitor (more an inducer than an inhibitor) CYP2B6 and 2C19 inducer		Serum transaminase elevations
	Generic:				
	600 mg tablet				Hyperlipidemia
	STRs that Contain EFV: ^c				Use of EFV may lead to false-positive results with some cannabinoid and benzodiazepine screening assays.
	Atripla (EFV/TDF/FTC)				
	Symfi (EFV 600 mg/ TDF/3TC)				
	• Symfi Lo (EFV 400 mg/ TDF/3TC)				QT interval prolongation
Etravirine	Intelence:	Intelence:	CYP3A4, 2C9, and 2C19	19 41 hours	Rash, including Stevens- Johnson syndrome ^d
(ETR)	• 25, 100, and 200 mg tablets	ETR 200 mg twice daily	substrate		
Intelence		Take following a meal.	CYP3A4 inducer		HSRs, characterized by rash, constitutional findings, and sometimes organ dysfunction (including hepatic failure), have been reported.
			CYP2C9 and 2C19 inhibitor		
					Nausea

Appendix B, Table 4. Characteristics of Non-Nucleoside Reverse Transcriptase Inhibitors (Last updated December 18, 2019; last reviewed December 18, 2019) (page 2 of 2)

Generic Name (Abbreviations) Trade Name	Formulations	Dosing Recommendations ^a	Elimination/Metabolic Pathway	Serum Half- Life	Adverse Events ^b
Nevirapine (NVP) Viramune or Viramune XR Note: Generic products are available.	Viramune: • 200 mg tablet • 50 mg/5 mL oral suspension Viramune XR: • 400 mg tablet Generic: • 200 mg tablet • 400 mg extended release tablet • 50 mg/5 mL oral suspension	Viramune: NVP 200 mg once daily for 14 days (lead-in period); thereafter, NVP 200 mg twice daily, or NVP 400 mg (Viramune XR tablet) once daily Take without regard to meals. Repeat lead-in period if therapy is discontinued for >7 days. In patients who develop mild-to-moderate rash without constitutional symptoms, continue lead-in dose until rash resolves, but do not extend lead-in period beyond 28 days total.	CYP450 substrate CYP3A4 and 2B6 inducer Contraindicated in patients with moderate to severe hepatic impairment. Dose adjustment is recommended in patients on hemodialysis (see Appendix B, Table 10).	25–30 hours	Rash, including Stevens-Johnson syndromed Symptomatic Hepatitis: Symptomatic hepatitis, including fatal hepatic necrosis, has been reported. Rash has been reported in approximately 50% of cases. Symptomatic hepatitis occurs at a significantly higher frequency in ARV-naive female patients with pre-NVP CD4 counts >250 cells/mm³ and in ARV-naive male patients with pre-NVP CD4 counts >400 cells/mm³. NVP should not be initiated in these patients unless the benefit clearly outweighs the risk.
Rilpivirine (RPV) Edurant	Edurant: • 25 mg tablet STRs that Contain RPV: • Complera (RPV/TDF/FTC) • Juluca (DTG/RPV) • Odefsey (RPV/TAF/FTC)	Edurant: • RPV 25 mg once daily Take with a meal. See Appendix B, Table 1 for dosing information for STRs that contain RPV.	CYP3A4 substrate	50 hours	Rash ^d Depression, insomnia, headache Hepatotoxicity QT interval prolongation

^a For dose adjustments in patients with renal or hepatic insufficiency, see <u>Appendix B, Table 10</u>. When no food restriction is listed, the ARV drug can be taken with or without food.

Key: 3TC = lamivudine; ARV = antiretroviral; CD4 = CD4 T lymphocyte; CYP = cytochrome P; DLV = delavirdine; DOR = doravirine; DTG = dolutegravir; EFV = efavirenz; ETR = etravirine; FDC = fixed-dose combination; FTC = emtricitabine; HSR = hypersensitivity reaction; NNRTI = non-nucleoside reverse transcriptase inhibitor; NVP = nevirapine; RPV = rilpivirine; STR = single-tablet regimen; TAF = tenofovir alafenamide; TDF = tenofovir disoproxil fumarate; XR = extended release

^b Also see <u>Table 17</u>.

^c See Appendix B, Table 1 for information about these formulations.

^d Rare cases of Stevens-Johnson syndrome have been reported with the use of most NNRTIs; the highest incidence of rash was seen among patients who were receiving NVP.

e Adverse events can include dizziness, somnolence, insomnia, abnormal dreams, depression, suicidality (e.g., suicide, suicide attempt or ideation), confusion, abnormal thinking, impaired concentration, amnesia, agitation, depersonalization, hallucinations, and euphoria. Approximately 50% of patients who are receiving EFV may experience any of these symptoms. Symptoms usually subside spontaneously after 2–4 weeks, but discontinuation of EFV may be necessary in a small percentage of patients. Late-onset neurotoxicities, including ataxia and encephalopathy, have been reported.